

APPLICATION DATA SHEET**Application Information**

Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Title:: Moist Wipe and Method of Making Same
Attorney Docket Number :: 2336
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: FIG 1
Total Drawing Sheets :: 2
Small Entity:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gary L.
Family Name:: Schroeder
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State or Province of Residence:: WI
Country of Residence:: US
Street of mailing address:: 1070 Oxford Court
City of mailing address:: Neenah
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 54956

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Taiye

Middle Name:: Philips
 Family Name:: Oriaran
 City of Residence:: Appleton
 State or Province of Residence:: WI
 Country of Residence:: US
 Street of mailing address:: 1131 E. Florida Avenue
 City of mailing address:: Appleton
 State or Province of mailing address:: WI
 Postal or Zip Code of mailing address:: 54911

Applicant Authority type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Edward J.
 Family Name:: Yock
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 State or Province of Residence:: WI
 Country of Residence:: US
 Street of mailing address:: 1218 E. Calumet Street
 City of mailing address:: Appleton
 State or Province of mailing address:: WI
 Postal or Zip Code of mailing address:: 54915

Applicant Authority type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Bradley G.
 Family Name:: Schmidt
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 State or Province of Residence:: WI
 Country of Residence:: US

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City of mailing address:: Green Bay
State or Province of mailing address:: WI
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Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Michael E.
Family Name:: Huss
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Country of Residence:: US
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State or Province of mailing address:: WI
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Applicant Authority type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Henry S.
Family Name:: Ostrowski
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State or Province of Residence:: WI
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Correspondence Information

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Representative Information

Representative Designation::	Registration Number::	Representative Name::
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